

SERFF Tracking Number:	ANPC-125297080	State:	Arkansas
Filing Company:	American National Property and Casualty Company	State Tracking Number:	EFT \$50
Company Tracking Number:	03-ROP-07-0531		
TOI:	01.0 Property	Sub-TOI:	01.0002 Personal Property (Fire and Allied Lines)
Product Name:	Rental Owners		
Project Name/Number:	AR ROP YFP Forms-PA/03-ROP-07-0531		

## Filing at a Glance

Company: American National Property and Casualty Company

Product Name: Rental Owners	SERFF Tr Num: ANPC-125297080	State: Arkansas
TOI: 01.0 Property	SERFF Status: Closed	State Tr Num: EFT \$50
Sub-TOI: 01.0002 Personal Property (Fire and Allied Lines)	Co Tr Num: 03-ROP-07-0531	State Status: Fees verified and received
Filing Type: Form	Co Status: Approved	Reviewer(s): Becky Harrington, Betty Montesi, Brittany Yielding
	Author: Kelly Bennett	Disposition Date: 12/05/2007
	Date Submitted: 12/04/2007	Disposition Status: Approved
Effective Date Requested (New): 03/26/2008		Effective Date (New): 05/14/2008
Effective Date Requested (Renewal): 03/29/2008		Effective Date (Renewal): 05/14/2008

State Filing Description:

## General Information

Project Name: AR ROP YFP Forms-PA  
Project Number: 03-ROP-07-0531  
Reference Organization:  
Reference Title:  
Filing Status Changed: 12/05/2007  
State Status Changed: 12/05/2007  
Corresponding Filing Tracking Number: 03-ROP-07-0528  
Filing Description:  
Please see cover letter.

Status of Filing in Domicile:  
Domicile Status Comments:  
Reference Number:  
Advisory Org. Circular:  
  
Deemer Date:

## Company and Contact

SERFF Tracking Number: ANPC-125297080 State: Arkansas  
Filing Company: American National Property and Casualty State Tracking Number: EFT \$50  
Company  
Company Tracking Number: 03-ROP-07-0531  
TOI: 01.0 Property Sub-TOI: 01.0002 Personal Property (Fire and Allied Lines)  
Product Name: Rental Owners  
Project Name/Number: AR ROP YFP Forms-PA/03-ROP-07-0531

### Filing Contact Information

Kelly Bennett, Regulatory Compliance Analyst I kbennett@anpac.com  
American National Corporate Centre (417) 887-4990 [Phone]  
Springfield, MO 65899-0251 (417) 877-5014[FAX]

### Filing Company Information

American National Property and Casualty CoCode: 28401 State of Domicile: Missouri  
Company  
American National Corporate Centre Group Code: 408 Company Type: Property And Casualty  
1949 East Sunshine  
Springfield, MO 65899-0251 Group Name: State ID Number:  
(417) 887-4990 ext. [Phone] FEIN Number: 43-1010895  
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### Filing Fees

Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? No  
Fee Explanation:  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American National Property and Casualty Company	\$50.00	12/04/2007	16930054

<i>SERFF Tracking Number:</i>	<i>ANPC-125297080</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American National Property and Casualty Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>03-ROP-07-0531</i>		
<i>TOI:</i>	<i>01.0 Property</i>	<i>Sub-TOI:</i>	<i>01.0002 Personal Property (Fire and Allied Lines)</i>
<i>Product Name:</i>	<i>Rental Owners</i>		
<i>Project Name/Number:</i>	<i>AR ROP YFP Forms-PA/03-ROP-07-0531</i>		

## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Approved	Becky Harrington	12/05/2007	12/05/2007

### Filing Notes

<b>Subject</b>	<b>Note Type</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Request to Revise Effective Date	Note To Reviewer	Kelly Bennett	04/10/2008	04/10/2008

<i>SERFF Tracking Number:</i>	<i>ANPC-125297080</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American National Property and Casualty Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>03-ROP-07-0531</i>		
<i>TOI:</i>	<i>01.0 Property</i>	<i>Sub-TOI:</i>	<i>01.0002 Personal Property (Fire and Allied Lines)</i>
<i>Product Name:</i>	<i>Rental Owners</i>		
<i>Project Name/Number:</i>	<i>AR ROP YFP Forms-PA/03-ROP-07-0531</i>		

## Disposition

Disposition Date: 12/05/2007

Effective Date (New): 05/14/2008

Effective Date (Renewal): 05/14/2008

- Effective Date (New) changed from 03/26/2008 to 05/14/2008 and Effective Date (Renewal) changed from 03/29/2008 to 05/14/2008 by Harrington, Becky on 04/11/2008.

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: ANPC-125297080 State: Arkansas

Filing Company: American National Property and Casualty Company State Tracking Number: EFT \$50

Company Tracking Number: 03-ROP-07-0531

TOI: 01.0 Property Sub-TOI: 01.0002 Personal Property (Fire and Allied Lines)

Product Name: Rental Owners

Project Name/Number: AR ROP YFP Forms-PA/03-ROP-07-0531

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Cover Letter	Approved	Yes
Form	Common Cause of Loss Deductible Endorsement	Approved	Yes
Form	Dwelling Under Renovation	Withdrawn	Yes
Form	Dwelling Under Renovation	Withdrawn	Yes

State: *Arkansas*

State Tracking Number: EFT \$50

*Sub-TOI: 01.0002 Personal Property (Fire and Allied Lines)*

Project Name/Number: AR ROP YFP Forms-PA/03-ROP-07-0531

SERFF Tracking Number: ANPC-125297080 State: Arkansas

Filing Company: American National Property and Casualty Company State Tracking Number: EFT \$50

Company Tracking Number: 03-ROP-07-0531

TOI: 01.0 Property Sub-TOI: 01.0002 Personal Property (Fire and Allied Lines)

Product Name: Rental Owners

Project Name/Number: AR ROP YFP Forms-PA/03-ROP-07-0531

## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Common Cause of Loss Deductible Endorsement	SM-949	9-07	Endorsement/Amendment/Conditions	Replaced Form #:0.00 SM-949 (9-03) Previous Filing #:		SM949 9-07 final.pdf
Withdrawn	Dwelling Under Renovation	SD-31806	4-06	Endorsement/Amendment/Conditions	Replaced Form #:0.00 Previous Filing #:		
Withdrawn	Dwelling Under Renovation	SD-31807	4-06	Endorsement/Amendment/Conditions	Replaced Form #:0.00 Previous Filing #:		

## **AMERICAN NATIONAL GENERAL INSURANCE COMPANY**

### **COMMON CAUSE OF LOSS DEDUCTIBLE**

If you incur loss to your property covered under this policy and any other covered property owned by you, from a common cause of loss, we will apply only the highest applicable deductible to the aggregate amount of property damages. If the covered property owned by you is a motor vehicle, the loss must be covered under the motor vehicle's Coverage D – Comprehensive Coverage. Common cause of loss is one occurrence which results in loss to more than one item of covered property owned by you. The properties incurring loss by a common cause of loss must be covered by this policy and another policy that includes a Common Cause of Loss Deductible provision which is issued by American National Property And Casualty Company.

This provision does not apply if the common cause of loss results from the peril of earthquake.



<i>SERFF Tracking Number:</i>	<i>ANPC-125297080</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>	<i>03-ROP-07-0531</i>		
<i>TOI:</i>	<i>01.0 Property</i>	<i>Sub-TOI:</i>	<i>01.0002 Personal Property (Fire and Allied Lines)</i>
<i>Product Name:</i>	<i>Rental Owners</i>		
<i>Project Name/Number:</i>	<i>AR ROP YFP Forms-PA/03-ROP-07-0531</i>		

## Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: ANPC-125297080 State: Arkansas  
Filing Company: American National Property and Casualty State Tracking Number: EFT \$50  
Company  
Company Tracking Number: 03-ROP-07-0531  
TOI: 01.0 Property Sub-TOI: 01.0002 Personal Property (Fire and Allied  
Lines)  
Product Name: Rental Owners  
Project Name/Number: AR ROP YFP Forms-PA/03-ROP-07-0531

## Supporting Document Schedules

<b>Satisfied -Name:</b>	Uniform Transmittal Document-Property & Casualty	<b>Review Status:</b>	Approved	12/05/2007
<b>Comments:</b>				
<b>Attachments:</b>				
F777AR-ROP.pdf				
F778AR-ROP.pdf				

<b>Satisfied -Name:</b>	Cover Letter	<b>Review Status:</b>	Approved	12/05/2007
<b>Comments:</b>				
<b>Attachment:</b>				
ar12047f.rop.pdf				

## Property & Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b> a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">New Business</div> <div style="width: 40%;"></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">Renewal Business</div> <div style="width: 40%;"></div> </div> f. State Filing #: g. SERFF Filing #: h. Subject Codes
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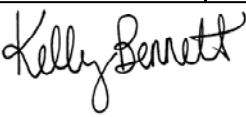
<b>3. Group Name</b>	<b>Group NAIC #</b>
American National Financial Group	408

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
American National Property And Casualty Company	Missouri	28401	43-1010895	

<b>5. Company Tracking Number</b>	03-ROP-07-0531
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**Contact Info of Filer(s) or Corporate Officer(s)** [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Kelly Bennett, American National Corporate Centre, 1949 East Sunshine, Springfield, MO 65899-0251	Regulatory Compliance Analyst I	417-887-4990, ext.2009	417-877-5014	kbennett@anpac.com

<b>7. Signature of authorized filer</b>  <b>8. Please print name of authorized filer</b>	 Kelly Bennett
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**Filing information** (see General Instructions for descriptions of these fields)

<b>9. Type of Insurance (TOI)</b>	1.0 Personal Property
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	1.0002 Personal Property (Fire and Allied Lines)
<b>11. State Specific Product code(s)</b> (if applicable)[See State Specific Requirements]	N/A
<b>12. Company Program Title</b> (Marketing title)	Rental Owners Insurance Program
<b>13. Filing Type</b>	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
<b>14. Effective Date(s) Requested</b>	New: 3/26/2008                      Renewal: 3/29/2008
<b>15. Reference Filing?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>16. Reference Organization</b> (if applicable)	N/A
<b>17. Reference Organization # &amp; Title</b>	N/A
<b>18. Company's Date of Filing</b>	12/4/2007
<b>19. Status of filing in domicile</b>	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

## Property & Casualty Transmittal Document—

**20. This filing transmittal is part of Company Tracking #** 03-ROP-07-0531

**21. Filing Description** [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]

The Purpose of this filing is to introduce the following revisions to our Arkansas American National Property And Casualty Company Rental Owners Program in order to conform to the changes in our homeowners and automobile insurance products which were made to create product differentiation between our ANPAC company and our ANGIC company:

### Revised Endorsements

**SM-949, Common Cause of Loss Deductible Endorsement** is revised by removing the reference to American National General Insurance Company.

### Forms Withdrawn:

**SD-31806, Dwelling Under Renovation Endorsement** is being withdrawn due to no insureds having the coverage and we are no longer wishing to offer this coverage.

**SD-31807, Dwelling Under Renovation Endorsement** is being withdrawn due to no insureds having the coverage and we are no longer wishing to offer this coverage.

**22. Filing Fees** (Filer must provide check # and fee amount if applicable)  
[If a state requires you to show how you calculated your filing fees, place that calculation below]

**Check #:** EFT

**Amount:** 50

**Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.**

**\*\*\*Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

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**FORM FILING SCHEDULE**

(This form must be provided ONLY when making a filing that includes forms)

**(Do not refer to the body of the filing for the forms listing, unless allowed by state.)**

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	03-ROP-07-0531			
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)	03-ROP-07-0528			
<b>3.</b>	<b>Form Name /Description/Synopsis</b>	<b>Form # Include edition date</b>	<b>Replacement or Withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous state filing number, if required by state</b>
01	Common Cause of Loss Deductible Endorsement	SM-949 (9-07)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	SM-949 (9-03)	
02	Dwelling Under Renovation	SD-31806 (4-06)	<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn		
03	Dwelling Under Renovation	SD-31807 (4-06)	<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		



American National Corporate Centre  
1949 East Sunshine  
Springfield, MO • 65899-0001  
417-887-0220 • Fax 417-887-1801  
<http://www.anpac.com>

American National Property And Casualty Co.  
American National General Insurance Co.  
American National Lloyds Insurance Co.  
Pacific Property And Casualty Co.  
ANPAC Louisiana Insurance Co.  
American National County Mutual Insurance Co.

December 4, 2007

Arkansas Insurance Department  
Property and Casualty Division  
1200 West 3<sup>rd</sup> Street  
Little Rock, AR 72201-1904

Re: American National Property And Casualty Company  
Rental Owners Insurance  
Independent Filing of Forms  
Filing #03-ROP-07-0531

American National Property And Casualty Company hereby files the following forms for use with our Rental Owners Insurance Program:

Form Submitted:

<u>Form Number</u>	<u>Edition</u>	<u>Description</u>
SM-949	9-07	Common Cause of Loss Deductible Endorsement

Form Replaced:

<u>Form Number</u>	<u>Edition</u>	<u>Description</u>
SM-949	9-03	Common Cause of Loss Deductible Endorsement

Forms Withdrawn:

<u>Form Number</u>	<u>Edition</u>	<u>Description</u>
SD-31806	4-06	Dwelling Under Renovation
SD-31807	4-06	Dwelling Under Renovation

The Purpose of this filing is to introduce the following revisions to our Arkansas American National Property And Casualty Company Rental Owners Program in order to conform to the changes in our homeowners and automobile insurance products which were made to create product differentiation between our ANPAC company and our ANGIC company:

Revised Endorsements

**SM-949, Common Cause of Loss Deductible Endorsement** is revised by removing the reference to American National General Insurance Company.



*"Members of the American National Family of Companies"*

Page 2  
December 4, 2007  
Filing #03-ROP-07-0531

Forms Withdrawn:

**SD-31806, Dwelling Under Renovation Endorsement** is being withdrawn due to no insureds having the coverage and we are no longer wishing to offer this coverage.

**SD-31807, Dwelling Under Renovation Endorsement** is being withdrawn due to no insureds having the coverage and we are no longer wishing to offer this coverage.

We propose this filing become effective March 26, 2008, for new business and March 29, 2008, for renewals. Please note that we have made corresponding homeowners forms filings in American National Property And Casualty Company and American National General Insurance Company with these same effective dates.

If you have any questions regarding this filing, please contact me at 417-887-0220, extension #2009, or via my E-mail address listed below.

Please acknowledge receipt and approval in your usual manner.

Sincerely,

A handwritten signature in black ink that reads "Kelly Bennett". The signature is written in a cursive, flowing style.

Kelly Bennett  
Regulatory Compliance Analyst I  
E-mail: [kbennett@anpac.com](mailto:kbennett@anpac.com)

kd